

CCAP Case Number: _____

Sentencing Date: _____

County: _____

Offender Age: _____

2nd Degree Sexual Assault, Wis. Stat. § 940.225

(2)(a) (2)(b) (2)(c) (2)(cm) (2)(d) (2)(f) (2)(g) (2)(h) (2)(i)

THIS WORKSHEET ONLY APPLIES TO:

Sentencing Hearings Held On or After 7/1/2005, for TIS-II Offenses (Offenses Committed On or After 2/1/2003).NOTE A: Where several options are presented, circle one and check *Mitigating* or *Aggravating*. [EX. Minimal / Leader]NOTE B: Only check *Mitigating* or *Aggravating* for those factors that apply. Otherwise, leave the boxes unchecked.

OFFENSE SEVERITY	Mitigating	Aggravating
Characteristics of the Offense		
Type of Sexual Contact: <input type="checkbox"/> Contact <input type="checkbox"/> Intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>
Conduct More Serious than Offense of Conviction	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>
Type of Harm		
Threat / Abduction / Restraint.....	<input type="checkbox"/>	<input type="checkbox"/>
Great Bodily Harm / Extreme Emotional Harm.....	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy / Transmission of Disease	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>
Aggravating Factors, Wis. Stat. § 973.017 <input type="checkbox"/> N/A		
Concealed or Altered Appearance	<input type="checkbox"/>	<input type="checkbox"/>
Gang-Related Offense.....	<input type="checkbox"/>	<input type="checkbox"/>
Elderly Victim.....	<input type="checkbox"/>	<input type="checkbox"/>
Knowingly Exposed Victim to STD	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>
Penalty Enhancers, Wis. Stat. § 939 <input type="checkbox"/> N/A		
Repeat Offender (§ 939.62)..... <input type="checkbox"/> Pleaded and Proved.....	<input type="checkbox"/>	<input type="checkbox"/>
Repeat of Serious Sex Crime (§ 939.623)..... <input type="checkbox"/> Pleaded and Proved.....	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Abuse (§ 939.621)..... <input type="checkbox"/> Pleaded and Proved.....	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous Weapon (§ 939.63)..... <input type="checkbox"/> Pleaded and Proved.....	<input type="checkbox"/>	<input type="checkbox"/>
School Zone (§ 939.632)..... <input type="checkbox"/> Pleaded and Proved.....	<input type="checkbox"/>	<input type="checkbox"/>
Hate Crime (§ 939.645)..... <input type="checkbox"/> Pleaded and Proved.....	<input type="checkbox"/>	<input type="checkbox"/>
Role in Offense		
Minimal / Leader	<input type="checkbox"/>	<input type="checkbox"/>
Defendant was Manipulated or Pressured	<input type="checkbox"/>	<input type="checkbox"/>
Abused Position of Trust / Authority	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>
Vulnerable Victim		
Unconscious	<input type="checkbox"/>	<input type="checkbox"/>
Mentally Ill.....	<input type="checkbox"/>	<input type="checkbox"/>
Cognitively Deficient.....	<input type="checkbox"/>	<input type="checkbox"/>
Under the Influence	<input type="checkbox"/>	<input type="checkbox"/>
Youthful Victim, provide age: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otherwise Vulnerable, specify:	<input type="checkbox"/>	<input type="checkbox"/>

RISK FACTORS	Mitigating	Aggravating
Education		
Grade Completed, <i>circle one</i> : -9 9 10 11 12 12+.....	<input type="checkbox"/>	<input type="checkbox"/>
Degree Obtained: <input type="checkbox"/> None <input type="checkbox"/> GED/HSED <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Currently Enrolled	<input type="checkbox"/>	<input type="checkbox"/>
Employment History		
Usually Employed.....	<input type="checkbox"/>	<input type="checkbox"/>
Same Employer for Extended Period of Time	<input type="checkbox"/>	<input type="checkbox"/>
Employed When Offense was Committed or at Time of Sentencing	<input type="checkbox"/>	<input type="checkbox"/>
Lengthy or Frequent Periods of Unemployment.....	<input type="checkbox"/>	<input type="checkbox"/>

Criminal Record			
Criminal Record Not a Factor, check here <input type="checkbox"/>			
No Criminal Record		<input type="checkbox"/>	<input type="checkbox"/>
Prior Misdemeanor(s), total number <input type="text"/> ... Assultive Misdemeanors, total number <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Prior felony or felonies, total number <input type="text"/> ... Assultive Felonies, total number <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Prior Offense(s) Similar to Current Offense		<input type="checkbox"/>	<input type="checkbox"/>
Previously Placed on Community Supervision		<input type="checkbox"/>	<input type="checkbox"/>
Criminal History Understates / Overstates Risk		<input type="checkbox"/>	<input type="checkbox"/>
On Legal Status / Not on Legal Status when Crime was Committed		<input type="checkbox"/>	<input type="checkbox"/>
Time Since Most Recent Conviction / Incarceration: <input type="text"/> months / yrs		<input type="checkbox"/>	<input type="checkbox"/>
Mental and Physical Health			
Mental Health Problem(s) / Physical Health Problem(s)		<input type="checkbox"/>	<input type="checkbox"/>
Treatment for Health Problems		<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and Drug Abuse			
Under the Influence When the Offense was Committed		<input type="checkbox"/>	<input type="checkbox"/>
Frequent Prior Abuse		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Prior Treatment..... <input type="checkbox"/> Never Treated For Alcohol/Drug Abuse		<input type="checkbox"/>	<input type="checkbox"/>
Social Factors			
Married or Long-Term Relationship.....		<input type="checkbox"/>	<input type="checkbox"/>
Resides With or Supports Children		<input type="checkbox"/>	<input type="checkbox"/>
Family Support or Other Support Network		<input type="checkbox"/>	<input type="checkbox"/>
Defendant Suffered Prior Abuse		<input type="checkbox"/>	<input type="checkbox"/>
Attitude			
Remorse.....		<input type="checkbox"/>	<input type="checkbox"/>
Accepts Responsibility		<input type="checkbox"/>	<input type="checkbox"/>
Detailed Rehabilitative Plan in Progress		<input type="checkbox"/>	<input type="checkbox"/>
Cooperated with Authorities / Prosecution		<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:.....		<input type="checkbox"/>	<input type="checkbox"/>

OFFENSE INFORMATION

Percent of Offenders Given Probation for the Offense since 2/2003 (TIS II effective date):	Penalty Classification Level:	Permissible Penalties:
35%	Class C Felony	Probation Fine — Maximum \$25,000 Maximum Imprisonment — 40 Years <ul style="list-style-type: none"> • Initial Confinement — Maximum 25 Years • Extended Supervision — Maximum 15 Years

RECOMMENDED SENTENCE RANGE

OFFENSE SEVERITY	RISK FACTORS		
	Lesser	Medium	High
Mitigated	<input type="checkbox"/> Prob. – 3 yrs confinement	<input type="checkbox"/> 1– 7 yrs confinement	<input type="checkbox"/> 5 – 14 yrs confinement
Intermediate	<input type="checkbox"/> 1 – 7 yrs confinement	<input type="checkbox"/> 5 – 14 yrs confinement	<input type="checkbox"/> 10 – 20 yrs confinement
Aggravated	<input type="checkbox"/> 5 – 14 yrs confinement	<input type="checkbox"/> 10 – 20 yrs confinement	<input type="checkbox"/> 15 – 25 yrs confinement

OTHER FACTORS THAT MAY WARRANT SENTENCE ADJUSTMENT	Mitigating	Aggravating
PSI Recommendation.....	<input type="checkbox"/>	<input type="checkbox"/>
Read-In Offense(s)	<input type="checkbox"/>	<input type="checkbox"/>
Effect of Multiple Counts.....	<input type="checkbox"/>	<input type="checkbox"/>
Victim Statement	<input type="checkbox"/>	<input type="checkbox"/>
Restitution Paid Before Sentencing.....	<input type="checkbox"/>	<input type="checkbox"/>
District Attorney (DA) Recommendation.....	<input type="checkbox"/>	<input type="checkbox"/>
Defense Attorney Recommendation.....	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify.....	<input type="checkbox"/>	<input type="checkbox"/>